



Return form to
Shrewsbury Parks & Recreation
100 Maple Avenue, Shrewsbury MA 01545
Telephone: 508-841-8503

3 Ways to Register

1. Registration starts on Dec 3rd in person 8-10am
2. Drop off's accepted weekdays starting Dec 5th from 8am-noon & 1-4:30pm
3. Mail-in's accepted starting with the Dec 5th mail.

Reminders

- Registration accepted weekday's 8AM-Noon and 1-4:30PM.
- Proof of residency required. If not listed in **town census** please bring proof of residency.
- Checks payable to: Town of Shrewsbury. Fees are non-refundable and non-transferable.
- All necessary information needs to be included in the registration form for it to be accepted.
- Registration is first-come and first-serve. All programs have limited space.
- Most programs are only open to Shrewsbury residents. Non-residents can register December 9th for programs that list a non-residents fee, unless otherwise noted in the program/activity.

Please Print Required Information Below

E-Mail Address: _____

(For use when registering children only)

Mother's Name: _____ Father's Name: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Cell Phone (emergency use only): _____

Emergency Contact: _____ Phone: _____

Allergies or Medical concerns: _____

Child's School: _____

Special Needs: _____

Participants Full Name	Birth Date	Age	Grade	Male	Female	Activity #	Fee

Indicate here if you don't wish for your child to be video taped or photographed ☐ **TOTAL** _____

Waiver: Participant or parent hereby states that he or she understands the physical nature of the activity as well as any risk involved and agrees to release, discharge and hold harmless the Town of Shrewsbury, its employees and agents from any and all actions, claims, damages, and/or injuries that might occur during a parks & recreation activity and that the participant is accustomed to such activity or has consulted a physician as to the advisability of participation. Parent or participant hereby consents to medical treatment in the event of illness or injury (participant or child). Please list any medical/allergies/special needs that the staff should be aware of to make your participation a success. The Recreation Department and/or press will take pictures & video on occasion of participants for publicity purposes and for local cable. If you do not want to have your child photographed let us know. I understand the rules/policies stated above and in the brochure and agree to follow them accordingly. I understand there are no refunds. If a participant does not follow the rules or guidelines when registering for a program then he/she will not be allowed to participate in that activity.

Participant or Guardian Signature: _____ Date: _____

Office use only:

Amount: _____ Payment: _____